Wisconsin Department of Safety and Professional Services Trades Credentialing Unit PO Box 78780

[ ] 2. Write in your social security number.

Milwaukee, WI 53293-0780



Phone: 608-266-2112 Email: <u>DspsSbCredentialing@wi.gov</u> Web: <u>http://dsps.wi.gov</u>

Scott Walker, Governor Dave Ross, Secretary

## TANK SPECIALTY FIRM REGISTRATION

[ ] 1. Complete the application including signing and dating the first page.

[ ] 5. Make a photocopy of the completed application for your records.

[ ] 3. Attach the specified documents listed on this application. [ ] 4. Attach the specified fee listed on this application.

## Your application will not be processed or will be delayed unless you:

| By signing below, the applicant swears that all information r        | provided on this application is true, accurate and that the credential                 |
|--|--|
|  | sed for participation surveys, eligibility for approvals, law enforcement              |
|  | poses and other secondary purposes. The Department may also provide this               |
|  | s law, ss. 19.31-19.39 stats. Social security numbers are required when                |
|  | nay not be disclosed to anyone except other State of Wisconsin governmental            |
| agencies.  |  |
|  |  |
| Business Information   | Contact Person Information   |
| Federal Employer Identification Number (FEIN):                       | Social Security Number:  |
| Business Name:   | Individual's Name :  |
| No. & Street, or P.O. Box:   | Address No. & Street, or P.O. Box:   |
| City, Town or Village, State, Zip + 4 Code:                          | City, Town or Village, State, Zip + 4 Code:  |
| Country, If Other Than United States:                                | Country, If Other Than United States:  |
| Business Telephone No. (include area code):                          | Telephone No. (include area code):   |
| If Available, Business Fax No. (include area code):                  |  |
| By signing below, the applicant swears that all information provide  | ed on this application is true, accurate and that the credential requirements are met. |
| *The individual applying for a business credential shall be the own  | ner of the contracting business, a partner in the contracting business applying on     |
| behalf of a partnership, or the chairman of the board or chief execu | ntive officer applying on behalf of the contracting corporation.                       |
| Applicant's Signature D  | ate (mo/day/yr)  |
|  | partment of Safety & Professional Services- Trades Credentialing,                      |
| P.O. Box 78780, Milwaukee, WI 53293-0780                             |  |
|  | & Professional Services, Trades Credentialing, 1400 East Washington                    |
| Ave., Madison, WI 53703  |  |
| <b>All other correspondence:</b> Wisconsin Department of Safet       | ty & Professional Services, Trades Credentialing, P.O. Box 7082,                       |

**Application and Credential Fee (nonrefundable): \$70.00** class code 7636

Phone: 608-266-2112, TTY: Contact Through Relay or by email at: DspsSbCredentialing@wi.gov

Make checks payable to: State of WI – DSPS. The fee consists of a \$20 application fee and a credential fee of \$50. The credential will be effective for 2 years from the date of issuance.

**IMPORTANT:** Check the box(s) in the Specialty Area table below to reflect which tank specialty areas you have employees

Madison, WI 53707

performing SPS 305 related activities.

| Are you requesting a waiver of your <u>initial</u> credentialing fee?  |
|--|
| ☐ Yes Provide a copy of your Department of Veterans Affairs voucher code. DVA Voucher Code:  |
| $\square$ No Submit the fee of \$70.   |
| You may contact DVA at 1-800-WisVets or <a href="https://www.WisVets.com">www.WisVets.com</a> for assistance in obtaining your DVA Voucher Code.   |
| <b>Reason for Credential:</b> A corporation, partnership, sole proprietor or independent contractor that provides or offers to provide storage tank system installation, removal, testing, lining, cleaning or site assessments shall hold a credential issued by the department as a registered specialty tank firm.                      |
| <b>Requirements of Credential:</b> An entity that provides storage tank system installation, removal, testing, lining, cleaning or site assessments as a registered specialty tank firm shall utilize the appropriate credentialed persons to install, remove, test, line, or clean storage tanks, or to provide site closure assessments. |
| Proof of the liability coverage Proof of Contractor liability coverage must be submitted that verifies the contractor has minimum liability coverage, including pollution impairment liability, of no less than \$1,000,000 per claim and \$1,000,000 annual aggregate and with a deductible of no more than \$100,000 per claim.          |
|  |
| Specialty Areas  |
| The Environmental and Regulatory Services Division maintains a reference listing contractors that provide SPS 310 regulated storage system services that require a certified individual. If you want to have your company included in the reference, please complete the information below.  |
| This company has one or more individuals maintaining ILHR 10/SPS 310 Certification in the following specialty areas. Please "X" all applicable specialties.  |
| Aboveground Storage Tank Installation  |
| Underground Storage Tank Installation  |
| Storage Tank Removal/Cleaning (closure by cleaning and removal or closure in place)  |
| Storage Tank Lining  |
| Storage Tank System Tightness Testing  |
| Site Assessment (Closure Assessment)   |
| Corrosion Expert   |
| Cathodic Protection Tester   |

Are you a Veteran?